

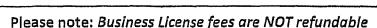
Driver's License or State ID#

Female X

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Los Angeles County Treasurer and Tax Collector

Application for Business License





5910 10#142696_

Fee: S

BUSINESS INFORMATION Address of Business: LLYI Type of Business: Massage Parlor DBA (Business Name); Mailing Address: LL Health Ce Sellers Permit # (State Board of Equalization): **Business Ownership Structure:** Single Owner_ Partnership . Corporation If LLC or Corporation, the information below is required: Incorporated in the State of: Date of Incorporation: **Exact Corporate Name: Names of Officers** Addresses Titles APPLICANT INFORMATION Applicant's Full Name: Home Address Cell Phone Home Telephone: Date of Birth: Place of Birth: Social Security #:

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Weight

Expiration Dat

Hair Color

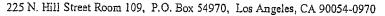
Eye Color

Date: 09/11/15	Applicant's Signature: _	The state of the s	
Application taken by:	Tony	Date:	9/11/2015

* If you suspect fraud or wrongdoing by a County of Los Angelès employee, report it to the fraud hotline at 1(800) 544-6861



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR





BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL	
ADDRESS OF BUSINESS: 1147 W CARSON ST, TORRANCE, CA 90502	
TELEPHONE: (310) 320-6188	
OWNER OF BUSINESS: WEIWEI TAO	
CAL. DR. LIC#	
NAME OF PERSON FINGERPRINTED:	
FICTITIOUS NAME: LL HEALTH CENTER	
MAILING ADDRESS:	
DATE THAT YOU STARTED BUSINESS:	
PREVIOUS OWNER'S NAME, IF KNOWN:	
THIS IS AN APPLICATION FOR: NEW LICENSE	
BUILDING & SAFETY	•
LA COUNTY	

RECOMMENDATION: Building & Safety opproves the

Susiness License

Signature: Date: 3/24/16

County of Los Angeles

BASICLICENSE NO. 5980 Illding & Safety Division E 03/10/16

Southwest District Office

1320 W. Imperial Hwy. Los Angeles, CA 90044 (323) 320-6500 IDENTIFICATION NUMBER 142696

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10:20:23 a.m. 10-07-2015

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COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS: MASS	AGE PARLOR-GENER	RAL	
ADDRESS OF BUSINESS: 11	47 W CARSON ST, T	ORRANCE, CA 90502	
TELEPHONE: (310) 320-6188	}		
OWNER OF BUSINESS: WE	IWEI TAO		·
CAL. DR. LIC.#:	•	•	
NAME OF PERSON FINGERPE	UNTED:	•	
FICTITIOUS NAME: LL HEA	lth center		
MAILING ADDRESS:			
DATE THAT YOU STARTED E	BUSINESS:		
PREVIOUS ÓWNER'S NAME, I	F KNOWN:	•	
THIS IS AN APPLICATION FO	R: NEW LICENSE		
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SIGNATURE:	Willon,	DATE: 10/13/1	· ·
BASIC LICENSE NO. 5910	DATE 09/14/	/15 IDENTIFICA	ATION NUMBER 142696

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS: N	IASSAGE PARLOR-GEN	ERAL
ADDRESS OF BUSINESS	S: 1147 W CARSON ST,	TORRANCE, CA 90502
TELEPHONE: (310) 320)-6188	
OWNER OF BUSINESS:	WEIWEI TAO	UNINCORPERATED
CAL. DR. LIC.# :		UNINCORPORATED
NAME OF PERSON FINO	GERPRINTED:	
FICTITIOUS NAME: LI	L HEALTH CENTER	
MAILING ADDRESS:		
DATE THAT YOU STAR	TED BUSINESS:	
PREVIOUS OWNER'S N.	AME, IF KNOWN:	•
THIS IS AN APPLICATIO	ON FOR: NEW LICENSE	136- COASTAL CHIES
	PUBL	IC HEALTH
	LA	A COUNTY
	APPROVAL	DENIAL
RECOMMENDATION:		
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SIGNATURE:	\$	DATE: 2/16/25

DATE 09/14/15

IDENTIFICATION NUMBER 142696

BASIC LICENSE NO. 5910



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

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BUSINESS LICENSE APPLICATION REFERRAL

APPLICATION REFERRAL
KIND OF BUSINESS: MASSAGE PARLOR-GENERAL
ADDRESS OF BUSINESS: 1147 W CARSON ST, TORRANCE, CA 90502
TELEPHONE: (310) 320-6188
OWNER OF BUSINESS: WEIWEI TAO
CAL. DR. LIC.#:
NAME OF PERSON FINGERPRINTED:
FICTITIOUS NAME: LL HEALTH CENTER
MAILING ADDRESS:
DATE THAT YOU STARTED BUSINESS:
PREVIOUS OWNER'S NAME, IF KNOWN:
THIS IS AN APPLICATION FOR: NEW LICENSE
SHERIFF FINGERPRINT LA COUNTY
APPROVAL DENIAL
RECOMMENDATION:
SIGNATURE: 1/1/10 53(-447) DATE: 5/13/16

BASIC LICENSE NO. 5910

DATE 09/14/15

IDENTIFICATION NUMBER 142696

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR BUSINESS LICENSE SECTION REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING FROM: BUSINESS LICENSE SECTION 320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360 225 NORTH HILL STREET ROOM 109 LOS ANGELES, CALIFORNIA 90012 LOS ANGELES, CALIFORNIA 90012 TELEPHONE: (213) 974-2011 DEPARTMENT OF REGIONAL PLANNING FEE: FAX: (213) 633-5427 1D#: 7345 -016 -02" TYPE OF BUSINESS AND CODE: D.B.A./NAME OF BUSINESS MAILING ADDRESS: E-mail ADDRESS: To be completed by Regional Planning RBUS 2015 0020 PROJECT# 2015_01/ EXISTING USE: New () Renewal () CELL PHONE #: USE PERMITTED IN ZONE **USE NOT PERMITTED IN ZONE:** APPROVED_ DENIED: DEPARTMENT OF REGIONAL PLANNING 320 W. TEMPLE STREET, ROOM 1360 HALL OF RECORDS LOS ANGELES, CALIFORNIA 90012

THIS IS ONLY A BUSINESS LICENSE REFERRAL AND AN APPROVAL DOES NOT CONSTITUTE A BUSINESS LICENSE. YOU MUST RETURN REFERRAL TO THE TREASURER AND TAX COLLECTOR TO CONTINUE THE BUSINESS LICENSE APPLICATION PROCESS. (IF ANY QUESTIONS, PLEASE CALL 213/974-2011)